



City of Mission – Vital Statistics Department
 1201 E. 8th Street
 Mission, Texas 78572
 (956) 580-8664 ph. / 580-8710 ph. / 580-8700 ph.
 (956)580-8669 FAX / www.missiontexas.us

OFFICE USE ONLY	
Date: _____	
Cert #: _____	By _____

MAIL APPLICATION FOR BIRTH / DEATH RECORD

PLEASE PRINT. INCLUDE A PHOTOCOPY OF YOUR VALID ID WHEN SENDING IN THE REQUEST.

Make money orders payable to: City of Mission - Vital Statistics. For any search of the files where a record is not found, the searching fee is not refundable or transferable.

Birth Certificates				Death Certificates			
Type	Cost X	# of copies=	Total	Type	Cost X	# of copies=	Total
Certified Copy - Long form <input type="checkbox"/>	\$23			Certified Copy (1 copy)	\$21		
				Additional Copies	\$4		
Total (Money Order payable to City of Mission)				Total (Money Order payable to City of Mission)			

IDENTIFY BIRTH OR DEATH RECORD INFORMATION (Part I)				
Full Name of Person on Record	First Name	Middle Name	Last Name	
Date of Birth/Death	Month	Day	Year	Sex
Place of Birth/Death	City or Town	County	State	
Full Name of Parent 1	First Name	Middle Name	Maiden Name/Last Name	
Full Name of Parent 2	First Name	Middle Name	Maiden Name/Last Name	

APPLICANT INFORMATION (Part II)				
Applicant Name	Telephone #	Email Address		
Full Mailing Address	Street Address	City	State	Zip
Relationship to person listed above		Purpose for obtaining this record:		
<input type="checkbox"/> I authorize mailing to the address below. I have verified that the address below will receive my order.				
Name of Person Receiving Copies, if Different from Applicant				
Mailing Address for Copies, if Different from Applicant				
City	State	Zip		

AFFIDAVIT OF PERSONAL KNOWLEDGE (MUST BE SIGNED IN PRESENCE OF A NOTARY PUBLIC) (Part III)	
STATE OF _____ COUNTY OF _____	Before me on this day appeared _____ (Applicant name)
now residing at _____ (Address)	_____ (City) _____ (State)
who is related to the person named on Part I as _____ (Relationship)	and who on oath deposes and says that the contents of this affidavit are true and correct.
The applicant presented the following type and number of identification: _____	
Applicant Signature _____	
(Seal)	Sworn to and subscribed before me, this _____ day of _____, 20____.
	Signature of Notary Public and Notary ID Number _____
	Typed or Printed Name: _____
	Commission Expires: _____
	Street Address: _____
	City, State, Zip: _____

WARNING: IT IS A FELONY TO FALSIFY INFORMATION ON THIS DOCUMENT. THE PENALTY FOR KNOWINGLY MAKING A FALSE STATEMENT ON THIS FORM OR FOR SIGNING A FORM WHICH CONTAINS A FALSE STATEMENT IS 2 TO 10 YEARS IMPRISONMENT AND A FINE OF UP TO \$10,000. (HEALTH AND SAFETY CODE, CHAPTER 195, SEC. 195.003.

MAIL THIS APPLICATION, PAYMENT AND A PHOTOCOPY OF VALID ID TO:

City of Mission – Vital Statistics
 1201 E. 8th St., Mission, TX 78572